

Manitoba Medical Association Annual Reports of Committees

September, 1938

Report of Executive Committee

*The Members of the
Manitoba Medical Association.*

Your Executive Committee begs to submit the following report for 1937-38:

During the past session there were 6 regular meetings of the full Executive and 6 special meetings of the Winnipeg members.

1. Meeting of the Retiring Executive and Executive-Elect, September 2nd, 1937.

1. Resolution Number 10 passed at the Annual Meeting in 1937. This dealt with the practice of municipalities sending patients into public wards in Winnipeg hospitals in cases where the patient should be able to pay for both hospital services and for medical attention. It was pointed out that the hospitals accommodate these patients at a loss and the attending doctor receives no fee. A motion was passed instructing the Secretary to write to the Minister of Health of Manitoba forwarding this resolution, pointing out in as much as this effected the health officers throughout the province, the Minister should be asked to send a letter to all the Reeves, Secretaries and Health Officers of the various municipalities, outlining the position to them. A letter was also sent to the Manitoba Hospital Association advising of this action.

2. Committee on Workmen's Compensation Board. An interim report of the Committee dealing with the letter received from Dr. Strong, was presented.

3. Tumor Clinics. A resolution in favor of having a Tumor Clinic in the Brandon General Hospital was passed, and the Cancer Relief and Research Institute was to be asked to take up this matter directly with the staff of the Brandon General Hospital.

4. Report of Representative on Executive Committee of Canadian Medical Association. Dr. Moorhead reported that a resolution was passed asking the Dominion Government to recognize medical relief as of equal importance to provision of shelter, food and clothing. He also reported on the King George V. Silver Jubilee Cancer Fund.

2. Special Meeting of Winnipeg Members October 25th, 1937.

1. Report of Committee on Compensation Board. The Committee appointed to deal with Dr. Strong's

letter reported making four suggestions. The report was fully discussed and the first recommendation deleted. It was decided that a copy of the report as amended, together with the necessary correspondence, be forwarded to Major Newcombe of the Workmen's Compensation and that he be asked for his opinion in the matter. The essence of the resolution was that the employees, employers and the doctors, should be advised that under the Compensation Act the employee has free choice of doctor.

2. Instructions to Member on the Executive Committee of the Canadian Medical Association. Dr. Moorhead discussed the agenda for the next meeting of the Executive of the Canadian Medical Association, and instructions were given him as to the attitude to take on the following questions: Federation, expenditures and salaries, duties of General Council, divisional membership.

3. Full Meeting of the Executive, November 23rd, 1937.

1. Pasteurization of Milk. In reply to a letter from the Canadian Medical Association, the Secretary was instructed to write that this Association was in favor of pasteurization where facilities were available.

2. Report of Representative on Executive of Canadian Medical Association. Dr. Moorhead reported on the meeting of the Executive of the Canadian Medical Association held on October 28th and 29th, 1937, at Ottawa, and dealt with the following subjects: Constitution of the Canadian Medical Association, requests for grants from Governments, health insurance, medical relief in drought areas, brief to Royal Commission, report of treasurer, regional sub-executives and secretaries, broadcasting, the new Department of Cancer Control of the C.M.A. and the Ontario Health Act.

3. Pamphlet published by the Department of Health of Manitoba. The pamphlet with regard to feeding babies from 9-12 months of age prepared by the Department of Health was discussed, and also the question of free administration of diphtheria toxoid. It was decided to refer this pamphlet to a special committee, which was appointed.

4. Group Hospitalization. Letter from Winnipeg Medical Society dealing with group hospitalization was read together with resolution, and the following resolution was passed: "THAT the Manitoba Medical Association approve of the

principle of group hospital insurance, but would expect that the medical profession would have representation on any body administering such insurance."

5. Emergency Treatment of Workmen's Compensation Board Cases — Minor Injuries. The question of the hospitals charging for the treatment of emergency cases and house surgeons treating such cases was brought up in a letter from the staff of St. Joseph's Hospital. It was the opinion of the meeting that if the hospitals wished remuneration for the facilities they should send each doctor a monthly statement of his account for the use of the casualty wards, and the following motion was passed: "THAT the Manitoba Medical Association disapprove of hospitals charging for compensation cases in Casualty wards, or their internes accepting the responsibility, or accepting fees for the treatment of workmen's compensation cases."

6. Health Course, Women's Institute. Communication from the Deputy Minister of Health outlining the proposed course of lectures on health for the Women's Institutes were read and approved.

7. Hospital Aid Act. A copy of the circular letter dealing with the hospital aid act sent by the Minister of Health to all medical officers of health in Manitoba was read. This letter had been sent in response to resolution number 10 passed at the Annual Meeting in 1937. A letter had also been received by the Department of Health from one municipality citing alleged abuses by medical men and hospitals. The following resolution was passed: "THAT as it is the opinion of this Committee that the solution of this problem of hospitalization depends upon a sympathetic understanding between the union of municipalities, the Hospital Association and the Manitoba Medical Association, which should be furthered as much as possible by meetings between these organizations, and that the Minister of Health be asked to arrange such a meeting as soon as possible."

8. Manitoba Association of Physio-Therapists. A letter from the Winnipeg Medical Society dealing with the request received from the Secretary of the Physio-Therapists for the assistance of the medical profession in receiving a charter for an association of Physio-Therapists in Manitoba, was read. A motion was passed advising the Winnipeg Medical Society that the Manitoba Medical Association would be willing to co-operate with the Physio-Therapists in discussing this problem.

9. Hospital Cases from Saskatchewan. A letter from Dr. Waugh was read pointing out that cases were sent in to Winnipeg hospitals from Saskatchewan without provision for payment of medical services. The Secretary was instructed to write the Saskatchewan Medical Association to determine if such cases could be put on the same basis as if they were admitted to Saskatchewan hospitals.

10. Rowell Royal Commission. It was decided that the Winnipeg members of the Executive

should meet Dr. Routley when he arrived in Winnipeg to attend the meetings of the Rowell Royal Commission, and that a representative from the Manitoba Medical Association should also attend meetings of the Commission.

11. Examination of Single Men on Farms. It was pointed out that single men being placed on farms required to have a medical certificate, and no provision for payment was made for the necessary examination. It was decided to communicate with the authorities concerned.

4. Special Meeting of the Winnipeg Members, November 29th, 1937.

1. Rowell Royal Commission. This meeting was called to discuss with Dr. Routley, Secretary of the Canadian Medical Association, the question of the preparation of a brief to be sent to the Rowell Royal Commission. A Committee was appointed by the Chairman to prepare such a brief.

2. Discussion with Secretary of Canadian Medical Association. In addition, the Executive discussed with Dr. Routley the question of Federation, representation on the National Society for the Control of Cancer, distribution of moneys from the King George V. Silver Jubilee Cancer Fund, and meeting of the Medical Secretaries.

5. Special Meeting of the Winnipeg Members, December 6th, 1937.

1. Brief for Rowell Royal Commission. This meeting was held to discuss the brief prepared by the Committee for the Rowell Royal Commission. The brief was discussed clause by clause and certain changes made. The brief was then approved. This brief was to be submitted to the Canadian Medical Association, and Dr. Routley advised that after all such communications had been received from the various provincial associations, the final draft would be made by the Executive of the Canadian Medical Association, and if possible, that this would be sent to all the provincial associations for approval before being submitted to the Rowell Royal Commission.

2. King George V. Silver Jubilee Cancer Fund. After full discussion the Secretary was instructed to write to the Secretary of the Canadian Medical Association asking for information with regard to this fund.

6. Special Meeting of the Winnipeg Members, February 7th, 1938.

1. Morbidity Statistics in Rural Areas. This meeting was called to discuss the proposed survey of medical statistics and costs in certain rural areas. It was pointed out that an opportunity existed to carry out this survey and the Rockefeller Foundation, Dominion Government and Provincial Government, would each make a contribution, but that it was necessary to find another two thousand dollars to complete the necessary sum. After full discussion three motions were passed: (1) That the Executive Committee of the Mani-

toba Medical Association approve of this survey; (2) That they should urge the College of Physicians and Surgeons to provide the necessary fund; and (3) That the Manitoba Medical Association would guarantee two thousand dollars if the College of Physicians and Surgeons would not provide the money.

2. Alleged Rebates. Correspondence dealing with this subject was discussed and a motion was passed referring the problem to the College of Physicians and Surgeons.

7. Special Meeting of the Winnipeg Members, March 11th, 1938.

1. Discussion with Secretary of Canadian Medical Association. This meeting was called to discuss various problems with the Secretary of the Canadian Medical Association, Dr. Routley. A very full discussion was carried on with regard to the following important subjects: Federation, preparations for the Annual Meeting, medical secretaries' conference, Committee on Medical Research, Rowell Royal Commission and other matters. The question of the relations between the Canadian Medical Association and the Manitoba Medical Association was fully discussed.

8. Full Meeting of Executive, April 8th, 1938.

1. Federation. The Chairman, Dr. F. D. McKenty, submitted a report of his Committee. A long discussion on this subject took place and finally the interim report of the Committee on Federation was accepted, and Dr. Moorhead was instructed to present this to the Executive of the Canadian Medical Association and to indicate to them that the Executive of the Manitoba Medical Association was of the opinion that the principles contained in this report were not embodied in the present draft of the constitution of the Canadian Medical Association.

2. King George V. Silver Jubilee Cancer Fund. Correspondence with the Canadian Medical Association with regard to this subject was considered, and the relation between the proposed National Society for the Control of Cancer and the Canadian Medical Association Committee on Cancer, was discussed. It was decided to communicate further with the Canadian Medical Association.

3. Pamphlet Prepared by the Department of Health. It was decided to recommend that the pamphlets should be distributed directly only to people in unorganized territories, and in other territories they should be distributed through the local doctors.

4. Pregnancy Survey in Manitoba. The Chairman of the Maternal Welfare Committee of the Canadian Medical Association, Dr. J. D. McQueen, discussed the proposed pregnancy survey, and it was decided to follow the suggestion of the Secretary of the Canadian Medical Association

and endorse the suggestion of this Committee of the Canadian Medical Association for a grant of two thousand dollars from the Canadian Medical Association for this survey.

9. Full Meeting of Executive, June 7th, 1938.

1. Survey of Illness Amongst the Unemployed and their Families in the City of Winnipeg, 1937. The report prepared by the Committee on Sociology was discussed by the Chairman, Dr. Moorhead, and adopted by the Executive. It was decided that it should be published in the *Review* and that the Editor of the Canadian Medical *Journal* could be asked to publish the salient features of this report.

2. Report of Federation Committee. The final report by the Committee on Federation was discussed fully and approved. It was decided that copy should be printed and sent to all members of the Executive and the Council of the Canadian Medical Association. Dr. Moorhead was instructed to present this report to the meeting of the Executive Committee of the Canadian Medical Association. Delegates were instructed to submit the report to Council.

3. King George V. Silver Jubilee Cancer Fund. This question was discussed at great length and it was decided to communicate further with the Canadian Medical Association.

4. Medical Secretaries' Conference. It was decided that the Secretary should attend this meeting if possible.

5. Other Business. The following subjects were also discussed: Pregnancy survey, health insurance, group hospital insurance, programme for annual meeting, membership, relations with the press and workmen's compensation cases.

10. Special Meeting of Winnipeg Members, August 9th, 1938.

1. Annual Meeting. Details for the programme of the annual meeting were discussed.

2. Report of Member on Executive Committee of the Canadian Medical Association. Dr. Moorhead reported on the meeting of the Executive Committee of the Canadian Medical Association held at Halifax.

3. Federation. It was decided that the Committee on Federation should prepare a report for the next meeting of the Executive.

4. Report of Committee on Sociology. Dr. Moorhead discussed the survey of illness for 1937. He reviewed the discussions with the City Council with regard to the Winnipeg relief scheme. He then read a brief which had been prepared for the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg. This brief was approved.

11. Full Meeting of the Executive, August 31st, 1938.

1. **Report of Committee on Workmen's Compensation Board.** This report was discussed and adopted.

2. **Medical Secretaries' Conference.** The Secretary reported on the meeting of medical secretaries held in connection with the Annual Meeting of the Canadian Medical Association at Halifax in June, and stated there had been exchange of valuable information with regard to conditions in the various provinces.

3. **Report of Member on Executive Committee of Canadian Medical Association.** Dr. Moorhead reported that the brief submitted by the Manitoba Medical Association with regard to Federation, had not been accepted by the Executive of the Canadian Medical Association.

4. **King George V. Silver Jubilee Cancer Fund.** This subject was discussed further and the report of the Committee adopted.

5. **Report of Committee on Federation.** Following prolonged discussion the report of the Committee was adopted for submission to the Annual Meeting of the Manitoba Medical Association.

6. **Relief Cases in Rural Areas.** The Secretary reviewed the correspondence and reported on the proceedings at the meetings of the District Societies in Manitoba, at which this problem had been discussed. It was decided to refer this question to the incoming Executive.

7. **Report on Representatives to Committees of the C.M.A.** The names that were suggested as representatives from Manitoba on the various Committees of the Canadian Medical Association, were approved.

8. **Letter from Winnipeg Medical Society re. Dr. J. R. Davidson's Research Work.** It was finally decided that a letter should be sent to the Canadian Medical Association, Department of Cancer Control, asking if they would consider an application from Dr. Davidson for financial assistance in his research work on cancer.

9. **Annual Meeting of the Canadian Medical Association in Winnipeg.** A letter was read from the General Secretary stating that it had been suggested that the Canadian Medical Association should hold its Annual Meeting in Winnipeg in 1941. A motion was passed stating that the Manitoba Medical Association would be pleased to accept this suggestion.

10. **Report of Committees for Annual Meeting.** Reports of the Following Committees were adopted: Editorial Committee, Radio Committee, Committee on Sociology, Committee on Historical Medicine and Necrology, Committee on Maternal Welfare, Editorial Committee of the Canadian Medical Association *Journal*.

11. **Plans for Annual Meeting.** Reports of the various committees were discussed.

12. Final Meeting of Executive, September 21st, 1938.

1. Reports of the following committees were read and approved: Workmen's Compensation Referee Board, Treasurer's Report, and the draft of the report of the Executive Committee.

2. In addition, the report of the Resolution Committee and the Nominating Committee were adopted, and unfinished business from the last meeting dealt with.

SUMMARY

A large number of questions have been considered by the Executive Committee during the past year. In addition to those shown in this report there were many routine matters dealt with at each meeting.

The problem of Federation with the Canadian Medical Association has received serious consideration on several occasions, and the report of the Committee on Federation is to be submitted to the Annual Meeting.

Arrangements were completed for the carrying on of a morbidity survey throughout certain rural areas in Manitoba. This was made possible by grants from the Rockefeller Foundation, Dominion Government, Provincial Government and the College of Physicians and Surgeons of Manitoba. In addition, arrangements have been made to carry on a pregnancy survey throughout the whole of Manitoba and financial assistance has been given by the Rockefeller Foundation, Dominion Government, Government of Manitoba and the Canadian Medical Association.

The Committee on Sociology has prepared a very comprehensive report on morbidity and mortality statistics among the relief population in Winnipeg. This together with the two surveys now being carried out, should form a valuable body of medical statistics.

The problem of cancer control has been a subject for discussion on several occasions. The work in Manitoba is being carried on by the Cancer Relief and Research Institute but another Society, the National Society for the Control of Cancer, has been formed to function through the whole Dominion. It will be necessary to decide what relationship is to exist between these two bodies. In addition, a Department of Cancer Control has been formed within the Canadian Medical Association. All the correspondence is on file and is available for any members who might be specially interested.

Several of these subjects require consideration by the incoming Executive.

C. W. BURNS,
President.

C. W. MACCHARLES,
Honorary Secretary.

Treasurer's Report

The report of the treasurer was read at the Annual General Meeting on September 22, 1938. Copies are available to members on request.

Workmen's Compensation Referee Board

*The President and Members
of the Manitoba Medical Association.*

The Workmen's Compensation Referee Board begs to report that no questions were referred to this Committee for consideration during the past year.

Respectfully submitted,

WM. CHESTNUT,
Chairman

Workmen's Compensation Referee Board.

Report of Editorial Committee

*The President and Members
of the Manitoba Medical Association.*

The Editorial Committee begs to report as follows:

There have been no major changes in the *Review* during the past year. Some very good clinical papers have been submitted for publication, but the Editorial Committee would like to see more case reports or papers submitted by medical men outside of Winnipeg.

One of the most important articles published has been the report on the statistical survey of the medical services for unemployed in the City of Winnipeg. This was prepared by the Committee on Sociology. The report is very comprehensive and detailed and is certain to find wide approval among those interested in medical economics.

The financial position of the *Review* is set out in detail in the report of the Honorary Treasurer. The *Review* has been, for a number of years, self-supporting.

The Editor wishes to record his thanks to all those who contributed papers, to the staff, the printers, and the business manager.

All of which is respectfully submitted.

C. W. MACCHARLES,
Editor and Chairman, Editorial Committee.

Report of the Committee on Federation

*The President and Members
of the Manitoba Medical Association.*

The Committee on Federation beg to submit the following report:

The constitution for the Canadian Medical Association which was presented at the Annual Meeting at Halifax was accepted by all provinces except New Brunswick and Manitoba, and it is possible that New Brunswick may yet accept.

This is the same constitution that was considered in the last report of this Committee in June, 1938. That report stated that the proposed constitution failed to meet the essential requirements for a representative and responsible organization. The report duly advised that the Manitoba Medical Association should not alter its existing status until changes were made. Constructive amendments were suggested based on the constitutions of the British, South African and Australian Associations. It was considered that these amendments would meet the requirements and would strengthen the authority and effectiveness of the Canadian Medical Association as a body representing the medical profession. These amendments have not been incorporated in the constitution of the Canadian Medical Association adopted at Halifax.

The function assigned to the Canadian Medical Association Executive as the body authorized to represent the medical profession of Canada in the field of Dominion legislation, is of practical importance to every practitioner. Such function includes for example, the organization of a system of health insurance for the whole Dominion.

It must be recognized that by voluntary entry into Federation the Manitoba Medical Association would cede its authority to the Canadian Medical Association to deal with the Dominion Government in matters of health. If dissatisfaction should result consideration will show that withdrawal from Federation would not be feasible and in any case would be too late. The profession of the province would be bound by any action taken.

The statement was made in discussion at Halifax that the stand of the Manitoba Medical Association showed lack of confidence in the Canadian Medical Association Executive. Such a consideration has no bearing on the choice of a constitution for the Canadian Medical Association. Your Committee considers that such choice must be determined solely on the merits of the constitution itself.

The Manitoba Medical Association has never been adverse to the principle of Federation. On the contrary the members had hoped that it would mean a definite advance in Canadian medical organization.

Your Committee has consistently urged that such Federation must apply effectively the principles of responsible government. It is the opinion of your Committee that the constitution is still

defective in this essential, and that more satisfactory provision should be made before accepting the proposal to delegate important functions to the Canadian Medical Association.

Your Committee is therefore reluctantly forced to recommend that the Manitoba Medical Association do not submit at present any application for admission as a Division of the Canadian Medical Association.

F. D. McKENTY,

Chairman,

Committee on Constitution and By-Laws.

Report of the Extra Mural Committee

*The President and Members
of the Manitoba Medical Association.*

Your Extra Mural Committee begs to submit the following report:

Brandon and District Medical Association: Two speakers were provided for a meeting at Brandon on November 17th, 1937; and one for a meeting at Brandon on May 12th, 1938.

North Western Medical Association: Two speakers attended a meeting at Shoal Lake on June 16th, 1937; one a meeting at Virden on July 7th, 1937; two a meeting at Russell on August 11th, 1937; two a meeting at Birtle on October 13th, 1937; one a meeting at Hamiota on May 11th, 1938; two a meeting at Virden on July 13th, 1938; and two a meeting at Angusville on August 10th, 1938.

Southern District Medical Society: Two men read papers at a meeting at Carman on October 7th, 1937; two at a meeting at Morden on June 7th, 1938; and two at a meeting at Carman on September 8th, 1938.

In addition, two speakers attended the conjoint meeting of the Brandon and District Medical Association and the North Western Medical Association at Clear Lake on September 8th, 1937; and two the conjoint meeting at Clear Lake on June 15th, 1938.

Altogether twenty-five speakers were sent to the meetings of the District Societies throughout the province.

The travelling expenses of the speakers were paid out of the grant from the College of Physicians and Surgeons of Manitoba.

It is hoped that the College of Physicians and Surgeons will arrange to continue their grant for the work of this Committee.

Your President and Secretary attended several of these meetings.

The Committee wishes to thank the various speakers who gave their time in order to attend these meetings, and the College of Physicians and Surgeons for their co-operation.

C. W. MACCHARLES,

Chairman, Extra Mural Committee.

Editorial Board

*The President and Members
of the Manitoba Medical Association.*

As Chairman of the Editorial Board of the Canadian Medical Association *Journal* I beg to report that during the year notes on the Manitoba Medical news items have been forwarded to the *Journal* monthly.

The following Manitoba physicians have contributed to the columns of the Canadian Medical Association *Journal*: P. H. T. Thorlakson, A. E. McGavin, A. W. S. Hay, Jas. McKenty, Lennox G. Bell, B. F. Onhauser, J. R. Davidson, Jno. M. McEachern, W. A. Bigelow, Neil John MacLean. The work of Dr. J. R. Davidson was referred to in the report of Dr. A. G. Nicholls, Editor of the *Journal*, to the General Council of the Canadian Medical Association.

All of which is respectfully submitted.

ROSS MITCHELL,

*Chairman Editorial Board,
Canadian Medical Association Journal.*

Report of Committee on Sociology

*The President and Members
of the Manitoba Medical Association.*

Your Committee on Sociology begs to submit the following report:

Many problems have been presented to the Committee on Sociology during the past year. Those most worthy of notice are:

1. The rural survey of morbidity and provincial maternal mortality and morbidity.
2. The annual report of the survey of illness amongst the unemployed of Winnipeg.
3. The difficulties which have arisen between the panel practitioners and the City of Winnipeg, and
4. The study of the economic problems of the rural practitioners.

The first two, which are costing a great deal of time and money, are not being carried on with the idea of adding yet more to the general mass of statistics.

It would be idle to ignore what is happening around us. South Africa has started a health scheme. New Zealand's legislature is preparing an act; Sir Henry Brackenbury who went out to assist in the preparation, makes a rather gloomy report. The ministers whom he interviewed did not appear to be impressed by his experience in Health Insurance, or sympathetic to his suggestions that careful consideration must be given. The act was the main thing, whether the doctors cared for the terms of it or not.

Australia is much in the same stage, and the evidence of serious disagreement between the State and the Doctors prompted the British Medical Association to make an immediate grant of five

thousand (\$5,000.00) dollars, as sinews of war. As I see it, in no case does either side know how much work has to be done, and of what types. I do not know of any surveys similar to those we are making. Engineers and architects make a careful estimate of the work to be done and materials required before the construction of a railway or building, but apparently that is not the method when dealing with doctors.

English practitioners lost their case for increased pay recently, because they had no statistics to show how much work they were doing. If health insurance is proposed in Canada, either on national or provincial scale, we must have a knowledge of the work we are required to do, and ample funds with which to support our claims.

In view of the publicity given to the brief submitted to the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg by the Committee on Sociology of the Manitoba Medical Association, it scarcely seems necessary to cover the ground again. The Committee was received very courteously, no criticisms were made, and to judge by the questions asked by individual members, the Commission was anxious to have the complete picture. The press gave a very accurate statement of the outstanding points in the brief.

A study of the economic problems of the rural practitioner is a subject for discussion, and the Committee would welcome a definition of policy.

In 1934 the President and Secretary of the Manitoba Medical Association, accompanied by the Chairman of Committee on Sociology, visited most of the areas and medical groups of the province. Plans were suggested for approaching rural Councils, and insisting on a recognition of the large amount of unpaid work being done by doctors. There was a singular lack of unanimity, and little evidence of co-operation amongst the rural practitioners. Subsequent questionnaires were in a large part unanswered. Some municipalities apparently treated their doctors fairly, and the latter did not appear to be anxious to force the issue to get similar treatment for other practitioners.

The Winnipeg plan was brought into existence by the co-operation of all Greater Winnipeg doctors, and rural Councils will only be influenced by the knowledge that they are dealing with a united profession which knows its own mind.

Once again I have to express appreciation of the services of every member of the Committee on Sociology. They help the panel practitioners and me in many ways. The meetings are always well attended. Many times during every month I ask for the advice of one or more members on some knotty problem. I have never failed to get assistance, which helps to smooth the numerous difficulties which arise.

All of which is respectfully submitted.

E. S. MOORHEAD,
Chairman, Committee on Sociology.

Report of Committee on Maternal Mortality

*The President and Members
of the Manitoba Medical Association.*

Your Committee begs to report as follows for the year 1937-38:

During 1937 there were in Manitoba 12,928 live births and 342 stillbirths. There were 55 puerperal deaths and of these 18 or practically one third were due to abortion, 10 or 18% were due to toxæmia, 8 or 14.5% were due to hæmorrhage, 4 or 7% were due to septicaemia. There were 5 cases of puerperal Embolism. These figures show a marked reduction in the puerperal death rate as a whole particularly in the percentage due to septicaemia. Of note is the marked increase of deaths due to abortion; of the Eclamptic toxæmia deaths, one half occurred in patients between 15 and 19 years of age. Puerperal Embolism seems to be on the increase.

Your Committee has been co-operating with the Manitoba Department of Health in carrying out the Pregnancy Survey in Manitoba. It is hoped that the information secured from this survey will supply facts through which preventable maternal deaths will be eliminated. Your committee are grateful to the profession of the Province for the co-operation they are giving to this survey, as only by this co-operation can the survey be a success.

J. D. McQUEEN,
Chairman,
Committee on Maternal Mortality.

Committee on Historical Medicine and Necrology

*The President and Members
of the Manitoba Medical Association.*

Your Committee on Historical Medicine and Necrology begs to report as follows:

Within the year the following Manitoba physicians have passed away: Dr. A. Boak Alexander, Superintendent Municipal Hospitals, Winnipeg; Dr. R. B. Pozer, Ericksdale; Dr. O. Bjornson, Professor Emeritus of Obstetrics in the University of Manitoba; Dr. Donald McKenty, Winnipeg; Dr. M. R. Blake, Member of Parliament for North Winnipeg 1917-1921; Dr. Douglas Wallace, East Kildonan, M.O. 181st Battalion and later a member of the Canadian Pensions Tribunal; Dr. D. H. McCalman, Professor Emeritus of Obstetrics, University of Manitoba; Dr. John Farrell Wood, Manitou, M.O. Manitoba Mounted Rifles, holding the rank of Major.

The Medical History Club held several successful meetings during the past season.

Investigation of the history of early Manitoba doctors is proceeding.

All of which is respectfully submitted.

ROSS MITCHELL, *Chairman.*

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Report of the Radio Committee

*The President and Members
of the Manitoba Medical Association.*

Your Committee wishes to report as follows for 1937-38:

*Regular broadcasting on medical subjects is being done by the Department of Health of the Provincial Government.

During the past year your Committee co-operated with the Cancer Relief and Research Institute in arranging broadcasts during their Cancer Campaign.

Complaints have been received from members regarding broadcasts by irregular practitioners on health matters. It should be pointed out that all sponsors of programmes are supposed to have their scripts approved by the Department of Pensions and National Health at Ottawa, at the request of the Canadian Broadcasting Corporation. Before any complaints can be taken up with that Department, it is necessary that the broadcasts be taken down verbatim.

Your Committee is ready to inquire into any broadcasts which members consider objectionable.

All of which is respectfully submitted.

R. W. RICHARDSON,

Convener, Radio Committee.

Report of Legislative Committee

*The President and Members
of the Manitoba Medical Association.*

Your Legislative Committee begs to report that no subjects were referred to this Committee for consideration during the past year.

Respectfully submitted.

G. S. FAHRNI,

Chairman, Legislative Committee.

Hinrichsen and Ivy, in a recent issue of Archives of Dermatology and Syphilology, reported on a survey they had made of the incidence of acne vulgaris. This survey shows that acne occurs in over 50% of children. In girls it is most severe at from 14 to 16 and in boys between 16 and 19 years. They conclude that since acne is most severe at these ages it is logical to assume that sexual maturation is etiologically concerned in acne. There also seems to be a close relation between acne in girls and the onset of the menstrual period. Most cases of acne of this type respond to Wheat Germ Oil therapy. Wheat Germ Oil is rich in Vitamin E which is known to have a definite effect upon reproductive glands.

Calhalol-E Capsules contain 3 minims of Wheat Germ Oil and, in addition, Vitamins A, D and Calcium Monophosphate. Not only do they correct disorders of the reproductive glands, but the vitamin and mineral content help to build up the system to resist infection. Calhalol-E has proved to be very effective in treating many types of juvenile acne.

—Advt.

Special Articles and Association Notes

The Manitoba Medical Association Review

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Minutes of Executive Meetings

Minutes of a meeting of the Winnipeg members of the Executive of the Manitoba Medical Association held in the Medical Arts Club on Tuesday, August 9th, 1938, at 6.00 p.m.

Present.

Dr. C. W. Burns	Dr. E. W. Stewart
(Chairman)	Dr. S. G. Herbert
Dr. Digby Wheeler	Dr. E. S. Moorhead
Dr. O. C. Trainor	Dr. A. S. Kobrinsky
Dr. W. G. Campbell	Dr. C. W. MacCharles.

Annual Meeting.

The programme for the annual meeting was discussed, and reports made by the Chairman of the Scientific Programme Committee and the Chairman of the Entertainment Committee.

Arrangements for reports to the press and other details were also dealt with.

Federation.

The question of federation with the Canadian Medical Association was discussed at considerable length.

It was moved by Dr. O. C. Trainor, seconded by Dr. Digby Wheeler: THAT the Committee on Federation be asked to prepare a report for the

next meeting of the Executive. Following this report recommendation should be made by the Executive to the Annual General Meeting.

—Carried.

Report of Manitoba Member on the Executive of the Canadian Medical Association.

Dr. Moorhead discussed the plans for the Department of Cancer Control of the Canadian Medical Association and the Canadian Society for the Control of Cancer.

He also reported that the application from the Committee on Maternal Welfare of the Canadian Medical Association for \$2,000.00 from the Canadian Medical Association for the maternal survey in Manitoba had been granted.

Report of Chairman of Committee on Sociology.

Dr. Moorhead reviewed the communications between the Committee on Sociology and the Medical Sub-Committee of the City Council. The policy to be adopted was discussed at length.

Dr. Moorhead discussed the brief for the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg.

It was moved by Dr. S. G. Herbert, seconded by Dr. A. S. Kobrinsky: THAT the Executive Committee approve of the brief prepared by the Committee on Sociology for presentation to the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg.

—Carried.

The meeting then adjourned.

Minutes of Meeting of the Executive Committee of the Manitoba Medical Association held in the Medical Arts Club on Wednesday, August 31st, 1938, at seven o'clock p.m.

Present.

Dr. C. W. Burns	Dr. Digby Wheeler
Dr. E. S. Moorhead	Dr. W. W. Musgrove
Dr. A. S. Kobrinsky	Dr. H. O. McDiarmid
Dr. S. G. Herbert	Dr. E. K. Cunningham
Dr. Geo. Clingan	Dr. S. Bardal
Dr. E. W. Stewart	Dr. O. C. Trainor
Dr. J. R. Martin	Dr. W. S. Peters
Dr. D. G. Ross	Dr. C. W. MacCharles.
Dr. W. G. Campbell	
Guest — Dr. F. D. McKenty.	

Following dinner, Dr. Burns, the President, called the meeting to order and requested that the minutes of the last Executive meeting be read.

It was moved by Dr. E. S. Moorhead, seconded by Dr. Digby Wheeler: THAT the minutes of the last regular Executive meeting, having been published in the *Review*, be taken as read. —Carried.

The Secretary having read the minutes of a special meeting of the Winnipeg members, held on August 9th, it was duly moved and seconded: THAT these be adopted. —Carried.

Report of Committee on Workmen's Compensation Board.

Report of this Committee was read and following discussion it was moved by Dr. Digby Wheeler, seconded by Dr. S. G. Herbert: THAT this report be accepted. —Carried.

Associate Medical Services Incorporated.

The Secretary distributed reprints of an article from the *Canadian Medical Association Journal* by Dr. J. A. Hannah, Chief Medical Officer of Associate Medical Services Inc., Toronto.

The Secretary reported on his conversations with Dr. Hannah in Toronto.

Medical Secretaries' Conference.

The Secretary reported on the conference of medical secretaries in connection with the Annual Meeting of the Canadian Medical Association at Halifax in June.

Membership Report.

The Secretary reported an increase in membership over last year.

Report of Representative on Executive Committee of Canadian Medical Association.

Dr. Moorhead reported on the meeting of the Executive Committee of the Canadian Medical Association held in connection with the Annual Meeting at Halifax in June. He reported that the brief of the Manitoba Medical Association in regard to Federation had been referred to a Sub-Committee and their report, which rejected the principles from Manitoba, was adopted by the Executive Committee.

He also reported on the discussions with regard to the King George V. Silver Jubilee Cancer Fund.

King George V. Silver Jubilee Cancer Fund.

The report of the Sub-Committee was adopted after a considerable discussion; copy of the report and correspondence is on file.

Report of the Committee on Federation.

The Committee on Federation submitted a report which after prolonged discussion was adopted.

Relief Cases in Rural Areas.

The Secretary reviewed correspondence in connection with this subject and reported on the District Society meetings at which it had been discussed. A motion was finally carried referring this matter to the incoming executive.

Report of Chairman of Committee on Sociology.

Dr. Moorhead reported on the work done in obtaining morbidity statistics in rural areas.

Report of Committees to be Submitted to Annual Meeting.

Reports of the following committees were read and adopted: Editorial Committee, Radio Committee, Committee on Sociology, Committee on Historical Medicine and Neurology, Committee on Maternal Mortality and report of Editorial Committee of *Canadian Medical Association Journal*.

Report of Committees for the Annual Meeting.

Dr. Wheeler reported on the work that had been done by the Committee on the Scientific Programme, and Dr. Herbert reported on the Entertainment Committee.

Representatives on Committees of Canadian Medical Association.

The names suggested as representatives on the various committees of the Canadian Medical Association were approved.

Correspondence.

Letter from Dr. E. S. Bolton re. Cornwallis Health Unit was read. A motion was passed referring this to the Legislative Committee.

A letter from the Secretary of the Canadian Medical Association was read, advising that it had been duly proposed that the Canadian Medical Association should hold its Annual Meeting in Winnipeg in 1941.

It was moved by Dr. W. S. Musgrove, seconded by Dr. W. G. Campbell: THAT this letter be replied to advising that the Manitoba Medical Association would take great pleasure in accepting this suggestion of the Canadian Medical Association. —Carried.

Letter from Winnipeg Medical Society.

A letter from the Honorary Staff of St. Joseph's Hospital with covering letter from the Winnipeg Medical Society regarding research work of Dr. J. R. Davidson on cancer, was discussed.

It was moved by Dr. Digby Wheeler, seconded by Dr. S. Bardal: THAT this Association apply to the Department of Cancer Control of the Canadian Medical Association asking them if they would consider an application from Dr. Davidson for financial assistance in his research work on cancer. —Carried.

The meeting then adjourned.

Nothing can be done without preconceived ideas; only there must be wisdom not to accept their deductions beyond what experiments confirm. —Pasteur.

Department of Health and Public Welfare

NEWS ITEMS

ENCEPHALITIS IN MANITOBA

Since September 1st, 1938, there have been several known cases of encephalitis in the western portion of Manitoba, and there have also been reported ten cases in the south-eastern part of Saskatchewan. The known ages of these cases are as follows:

Under 24	25 - 44	Over 45
5	3	4

From reports so far received, the symptoms most frequently noted were as follows:

Severe headache.

Vomiting.

Temperature ranging from 100° to 105°.

Pulse slow (one case reported with a temp. of 103° and pulse only 78).

Stiff neck and back appearing early and often persisting after acute symptoms subside.

Sometimes shifting muscular pains.

Drowsiness, with mental confusion, mumbling speech, mask-like facies.

Ptoris of upper eyelids.

General appearance that of the "typhoid state."

Spinal fluid—clear, only under moderate pressure, and slight increase in cells.

Several cases have been reported as having nephritis as a complication.

Some of the cases appear relatively mild, while others have been very ill, but it is too soon to know definitely what the ultimate outcome may be, although one or two cases have continued with mental confusion and coarse tremor of both upper and lower extremities for upwards of two weeks.

There has been at least one known death.

It would appear that these cases might be similar to the Type "B" encephalitis reported first in epidemic form in St. Louis in 1933.

No specific form of treatment is known.

It is recommended that these cases be isolated, until the temperature disappears, or for at least two weeks.

All cases are to be reported to the medical health officer.

The following is a third article published in "Preventive Medicine" entitled "Mental Hygiene of Childhood" and prepared by Dr. Howard W. Potter, Professor of Clinical Psychiatry, Columbia University. The first article was published in May issue and the second one in September issue of The Manitoba Medical Association "Review" under News Items from the Department of Health and Public Welfare:—

MENTAL HYGIENE OF CHILDHOOD (Prepubertal Period, Six to Twelve Years)

"Mental hygiene does not exist in actual practice except in gross application here and there, in the form of parent, teacher, and child education movements. Mental hygiene clinics can hardly be considered preventive in their actual functioning as they deal with problems of mental maladjustment which require treatment; the time for prevention in these problems had passed long before the child's first appearance at the clinic.

"General hygiene has been developed and built up on our knowledge of the abnormal. Mental hygiene concepts likewise are derivatives of pathology, i.e., psychopathology. In psychiatric practice with maladjusted children there are many opportunities to see personality, or perhaps more specifically speaking, psychopathology in the making. Some of the common everyday observations gained through many years of psychiatric practice with children are brought out in relief in this communication as they point the way to a positive and practical mental hygiene. The underlying premise upon which this communication is based is that every individual is a product of the impact of the environment on the inherited constitution. This dynamic inter-relationship throughout the various levels from physical to psychical gives rise to the concept of an emergent evolution of traits, characteristics, capacities and incapacities, physical and mental in nature.

"As the welfare of the child, both physical and mental, is intimately bound up with the family it is appropriate to focus attention first on the family group. There is undoubtedly nothing of greater importance to mental hygiene than a stable family group. The inferences to be drawn from this statement should embrace more than the hereditary factors, for the influence which stability of the family group has in the moulding of a stable, well adjusted personality merits a great deal of emphasis.

"Gross parental instability such as psychopathy, neurosis, alcoholism, and antisocial behavior, as well as homes disrupted by divorce, sickness and death are a potential threat to the mental hygiene of the child. Such abnormal mental states in parents and such domestic catastrophies may be regarded as threats to the security of the child which should be counteracted to insure the child's healthy development and the growth of his personality. When such conditions are present careful supervision and intelligent guidance, often with the aid of expert advice, "before difficulties arise in the child," may avert maladjustments at a later date. This would constitute positive mental hygiene.

"In addition to such obvious faults in the family situation, there are those which are less obvious and which are found in parents who are not mentally abnormal. Such faults consist of subtle personal attitudes and biases, sometimes referred to as complexes. A case in point is the intelligent mother who over-protects her child and yet is aware that over-protection is not in the best interest of the child. The real problem is to find out what there is in the mother's own personality which compels her to act against her better judgment and not in accord with what would be in the best interests of the child.

"Leanings or tendencies in parents toward over-protection and over-solicitude are easily recognized and should be regarded as threats to the mental hygiene of the child. Over-protective tendencies are not always eradicated by advice no matter how sound and logical the advice may be. The factors in the personality behind such an attitude must be brought to light before advice can be followed. If this is done before the child's personality is involved it constitutes a form of positive mental hygiene.

"At the other extreme are those parents who are severe, over-strict, and authoritative to an extreme. Some are perfectionists and unimaginative. Their perfectionistic strivings may be compensations for some lack they feel in themselves. Thus such parents project on the child their own personality kinks and rationalize by believing it in the best interest of the child to regiment him by means of a strict disciplinary code.

Children do react, however, one way or another, to such methods, much to the chagrin of their well intentioned elders. Splinting the life of a child is just as crippling a procedure as encasing his knee joint in a plaster cast for too long a time. Such parents need an interpretation of their relationship to their children and an insight into the motives behind their perfectionism and rigidity before they can function more reasonably toward their children.

"Somewhat akin to the perfectionist attitude of parents are those problems represented by the father who having been unable to fulfill his ambition to become a professional man attempts to realize his frustrated aspiration by requiring his son to study for a profession; or the mother who feels inadequate because of her meagre education and hence is especially critical of her daughter's scholarship and is constantly urging her to do better. It is through the recognition of such factors at work in their own personalities that such parents are enabled to permit their children to make some choice as to their own careers. This is another situation in which positive mental hygiene may forestall the sometimes disastrous effects on personality later in life resulting from a person's attempting to do a job which he accepted because of parental coercion but which does not interest him.

"The problem of the parent who has never grown up offers another opportunity for positive mental hygiene. Such a parent usually bickers and quarrels with his or her children and unwittingly regards them as rivals for the affection and attention of his or her mate. Such parents are usually not able to supply the leadership and guidance so much needed by their children. This type of parent presents one of the most difficult problems to manage. The problem has to be met in some instances by working through the more stable parent of the pair.

"There are, also, problems of interparental incompatibility: incompatibility that is frequently not obvious or glaring but which nevertheless is real and biases the attitudes of the parents toward the children. There may be gross differences of opinion as to how to bring up the children, or one or the other parent devotes his or her entire life to the child as sort of solace for their disappointment in their mate. In other instances one or another of the children may represent, in the mind of one of the parents, the hated partner, and thus the child becomes the recipient of a good share of hostility in sort of a second handed fashion. Such situations require skillful handling and certainly are sources for personality difficulties in one or more of their children.

"There is seldom anything intentionally unhygienic in a parent's attitude toward his or her children. Most parents, in the final analysis, love their children, are well intentioned, and want them to grow up to be normal healthy adults. Parents should not be blamed for what they do; they are no more intentionally responsible for introducing one or more faulty personality trends in their children than is the mother with an incipient tuberculosis intentionally responsible for infecting her child with the tubercle bacillus. Faulty parent-child relationships are largely based on feeling relationships and attitudes. The average intelligent parent usually knows how children should be brought up. The problem in most instances is not one of a lack of knowledge but a fault in the capacity of the parent to put into practice what they know or have been told about child training. This incapacity is dependent on emotional conflicts within their own personality and cannot be remedied by an edict.

"There are other attitudes of parents which must be considered as a challenge to mental hygiene. Commonly met is an attitude that sex and anything allied to it, especially if expressed by children, is the devil's magnum opus on sin. Questions of children regarding

sex differences, sexual functioning, where babies come from, and sex practices are clumsily handled because of the distorted attitude of the parent. Such problems arise throughout childhood and in the pre-adolescent and adolescent years. Parents can be prepared for such situations by anticipating them and often profit by some assistance in orienting their own attitudes to a more objective biological point of view. When these situations are badly managed there may be laid down in the child the beginning of a neurosis which will extend into adult life and interfere with a healthy adjustment to the demands of adult sexuality.

"Sibling relationships, especially those characterized by competition for parental approval, are fruitful sources of maladjustment in children. A good deal of jealousy in older children for younger sibs is initiated with the birth of the younger sib. The birth of a brother or sister is usually followed by a temporary deposal of the older child. To this he reacts almost as a natural sequence with jealousy and sometimes with mystification and perplexity as to where and how this new arrival and rival put in its appearance. Proper handling of the situation at this critical period is important and may forestall further undesirable reactions at a later date. There is a tendency, in the excitement and tension regarding the oncoming event of birth to forget the child who is already present in the family setting.

"Comparisons of children by parents are to be discouraged as they create sib jealousy with all its attending quarreling and unpleasantness. Here again persistence along such lines to the detriment of one or the other of the children can often be explained and curtailed by an investigation into underlying parental motives or attitudes.

"Let us now turn our attention more specifically to the child himself. We find here two major problems which are intimately related to mental hygiene, the child who is handicapped intellectually and the child who is handicapped physically. It is possible for children with one or the other of these handicaps to grow up with reasonably normal, healthy personalities. When such handicapped children are fortunate enough to arrive at adulthood with pretty well integrated personalities the problem of finding a place for them in our social and economic scheme is much simplified.

"We should know, at least approximately, the intellectual equipment of young children as they start to school. Incidentally, the very bright child with a superior intelligence is apt to be as much of a problem in school adjustment as the mentally retarded child. In addition to a general retardation of intelligence there is also the child who has specific educational disabilities such as defects in the language zone. Obviously the danger to these children lies in the repeated frustrations and unfavorable competition they meet with when treated educationally as normal or average children. Such children are likely to be exposed to one of two attitudes at home, either they are not understood and regarded as lazy and admonished to study more and harder or they are over-protected and over-indulged because of their handicap. Some of these situations so destructive to the personality can be anticipated and avoided if the child is surveyed mentally as well as physically before beginning school.

"Children who are physically handicapped with such conditions as chronic valvular heart disease, tuberculosis, partial blindness or deafness, orthopedic deformities, diabetes, marked deviations in body build, etc., and those who are subject to repeated and frequent acute illnesses are subjects for positive mental hygiene. The threat to the personalities of such children is three fold—the physical handicap serves as a frustration to many of the normal ego drives, it creates a feeling of difference, and fosters an attitude of over-solicitude and over-protection on the part of parents and others. Treatment of the total situation as well as the specific difficulty is of mental hygiene value.

"A word should be said about children who are congenitally syphilitic. Of course the real preventive work here lies in the treatment of the mother before the child is born. All children having congenital syphilis are potential cases of central nervous system syphilis. I cannot urge too strongly an occasional check of the spinal fluid and the immediate use of trypanamide therapy whenever the spinal fluid findings are positive. It is important to know that there is no evidence that ordinary antisyphilitic treatment, even if well administered, is a guarantee against the development of central nervous syphilis.

"Those children whose intellectual and emotional difficulties are directly dependent on a cerebral lesion present not only neurological problems, but problems of mental hygiene as well. Such children are also subject to all the vicissitudes of parental attitudes and environmental forces; these external factors can be manipulated so as to avoid the addition of stress and strain to an already crippled mentality.

CONCLUSION

"Mental hygiene should strike at the source of the psychological infection and will be effective if integrated and co-ordinated with hygiene in general. In addition to gross defects in the family constellation there are faulty attitudes and biases in the personalities of parents and others which are dysgenic and often underlie faults in parental executive functioning.

"No general rule can be established for bringing up children. The needs in the personalities of different children are subject to as much variation as the needs of their gastro-intestinal tract. Just as there is no one feeding formula which will agree with all children so there is no one formula which will meet the requirements of the personality in all children and just as the more sensitive the digestive system the more carefully must a formula be prescribed, so the more involved the family constellation, the more skillfully must it be handled.

"Individual differences and defects in the physical and mental equipment of the child need to be known and require understanding and manipulation of both the environment and the child in order to build a sound and healthy mind as well as body.

"Efforts are now being made to build up healthy physiques and prevent disease by periodic physical health check-ups in children. Periodic mental health check-ups seem to offer a practical method for building up healthy personalities and preventing the development of emotional conflicts and unhealthy attitudes in the growing generation."

COMMUNICABLE DISEASES REPORTED

Urban and Rural - August, 1938.

Occurring in the Municipalities of:

Tuberculosis: Total 140—Unorganized 17, Portage City 12, Winnipeg 10, Rockwood 7, Stanley 6, St. Laurent 6, Grandview Town 5, Brandon 4, Dufferin 4, Norfolk North 4, Bifrost 3, Ellice 3, Harrison 3, Kildonan West 3, Neepawa 3, Siglunes 3, St. Vital 3, Woodlands 3, Daly 2, Glenwood 2, Lawrence 2, Norfolk South 2, Pembina 2, Silver Creek 2, Springfield 2, St. Andrews 2, The Pas 2, Armstrong 1, Clanwilliam 1, Cypress North 1, Dauphin Town 1, Ethelbert 1, Grey 1, Hamiota Village 1, Kildonan North 1, MacDonald 1, Ochre River 1, Plum Coulee 1, Portage Rural 1, Rhineland 1, Rossburn 1, Rosser 1, Selkirk 1, Shell River 1, Shoal Lake Rural 1, Stonewall 1, St. Clements 1, Ste. Rose Rural 1, Transcona 1, Whitemouth 1.

Whooping Cough: Total 71—Winnipeg 23, Unorganized 17, Transcona 6, Tuxedo 3, Arthur 2, Boissevain 2, Brandon 2, Brokenhead 2, Daly 1, Flin Flon 1, Portage City 1 (Late Reported: June, Kildonan East 1; July, Portage City 8, Hamiota Village 2).

Scarlet Fever: Total 48—Winnipeg 14, Minto 6, Portage Rural 2, St. Boniface 2, St. James 2, St. Vital 2, Transcona 2, Albert 1, Bifrost 1, Boissevain 1, Brandon 1, Brokenhead 1, Flin Flon 1, Hanover 1, Kildonan East 1, Pilot Mound 1, Portage City 1, Selkirk 1, Stonewall 1, Unorganized 1, Westbourne 1, Whitewater 1 (Late Reported: July, De Salaberry 2, St. Andrews 1).

Anterior Poliomyelitis: Total 39—Winnipeg 16, St. James 4, Portage Rural 3, Unorganized 3, Brenda 2, Arthur 1, Cypress South 1, Gimli Rural 1, Grey 1, Kildonan East 1, Morris Rural 1, Portage City 1, St. Boniface 1, Whitewater 1 (Late Reported: July, Glenwood 1, Unorganized 1).

Chickenpox: Total 33—Winnipeg 21, Daly 2, Boissevain 1, Grey 1, Kildonan West 1, Minto 1, St. Boniface 1, St. James 1 (Late Reported: June, Kildonan East 2; July, Daly 1, St. James 1).

Mumps: Total 15—Winnipeg 9, Brandon 3, Ethelbert 1, Fort Garry 1 (Late Reported: July, De Salaberry 1).

Diphtheria Total 13—Winnipeg 3, Brandon 1, Gimli Rural 1, Rosedale 1, St. Clements 1, Unorganized 1 (Late Reported: May, St. Boniface 1; June, Tache 1; July, De Salaberry 2, St. Paul East 1).

Influenza: Total 12—(Late Reported: March, Hamiota Village 1, Minitonas 1; April, Montcalm 1, Unorganized 1, Winnipegosis 1; May, Minto 1, Morris Rural 1, Winnipegosis 1, Whitehead 1; June, Brandon 1, Grandview Town 1, Unorganized 1).

Measles: Total 8—Brokenhead 2, Boissevain 1, Elton 1, Flin Flon 1, Gretna 1, Winnipeg 1 (Late Reported: July, St. James 1).

Erysipelas: Total 7—Winnipeg 5, Grandview Town 1, Portage City 1.

Typhoid Fever: Total 6—Bifrost 1, De Salaberry 1, Kildonan East 1, Swan River Town 1 (Late Reported: May, Fort Garry 1; June, Unorganized 1).

German Measles: Total 5—Brandon 3, Arthur 1, Ethelbert 1.

Septic Sore Throat: Total 3—Virden 1 (Late Reported: May, Brandon 1, Winnipegosis 1).

Cerebrospinal Meningitis: Total 1—Unorganized 1.

Undulant Fever: Total 1—Pilot Mound 1.

Typhoid Para Typhoid: Total 1—Emerson 1.

DEATHS FROM ALL CAUSES IN MANITOBA

For the Month of July, 1938.

URBAN—Cancer 38, Pneumonia 13, Tuberculosis 9, Syphilis 2, Infantile Paralysis 1, Lethargic Encephalitis 1, Throat Infection 1, all others under one year 20, all other causes 132, Stillbirths 13. Total 230.

RURAL—Tuberculosis 14, Cancer 13, Pneumonia 8, Influenza 3, Diphtheria 2, all others under one year 19, all other causes 105, Stillbirths 15. Total 179.

INDIAN—Tuberculosis 11, Pneumonia 2, Influenza 1, all others under one year 6, all other causes 3. Total 23.

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